

**Team Evaluation Summary Report and Prior Notice of Eligibility Determination:  
Visual Impairment**

SpEd 5m 1005

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** An impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

☐ **A description of student's visual impairment and visual capabilities from a qualified eye professional is attached.**

**Are there other impairments that interfere with visual stimuli?** ☐ **No** ☐ **Yes (describe: \_\_\_\_\_)**

**Assessment Information for Classification:**

1. Academic Achievement Data (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Adaptive Assessment (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_

3. Behavioral Assessment (test, date, results)

\_\_\_\_\_  
\_\_\_\_\_

4. Physical Functioning

\_\_\_\_\_  
\_\_\_\_\_

5. Orientation and Mobility Assessment

\_\_\_\_\_  
\_\_\_\_\_

6. Functioning Level in Adjustment to Visual Problems and Gaining Educational and Social Successes

\_\_\_\_\_  
\_\_\_\_\_

7. Student's Current and Future Need for Instruction in Braille or the Use of Braille

\_\_\_\_\_  
\_\_\_\_\_

8. Career / Vocational (Secondary) (test or method/date/results)

\_\_\_\_\_  
\_\_\_\_\_

9. Information from Parents

\_\_\_\_\_  
\_\_\_\_\_

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No  
• Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

**Parent Prior Notice for Eligibility Determination**

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of Visual Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of Visual Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

Special Education Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (signature acknowledges receipt of copy) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)  
☐ Copy of this document mailed to parent on (date) \_\_\_\_\_

☐ Participated via telephone, video conference or other means